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APPLICANTS

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** CONTINUING DATA *****
 NONE. *[Signature]*

** FOREIGN APPLICATIONS *****
 NONE. *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
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TITLE
 Injectable euthanasia compositions that include a taste aversive agent

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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